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DIET IN TYPHUS FEVER.

By John Dawson, M.D., Jamestown, Ohio.

ALL the distinguished medical men, from the remotest periods of antiquity' have been impressed with the importance of so managing the diet in fevers of all kinds, as to secure the greatest possible amount of good without producing any injury. Quite early the opinion became prevalent that, in the treatment of this numerous class of diseases, a vast amount of mischief was caused by the improper use of articles designed for nourishment. From frequently witnessing this result, some came to the conclusion, that success depended as much upon what was regarded as judicious regimen as upon medicine.

We will pass briefly in review some of the doctrines held by the ancients on this subject.

Hippocrates "On the Method of Diet in Acute Disorders," gives the foundation of all the correct rules which pertain to dietetics in the treatment of fever connected with a high grade of arterial excitement. And so much did he insist upon their strict observance, that his plan of treatment, by one (Asclepiades) has been spoken of "as merely a contemplation on death." Although abstinence was a favorite measure with the Father of medicine in commencing the treatment of what, in his day, were called *acute* fevers, he, nevertheless, says that "a diet which is a little too plentiful is much safer than that which is too sparing and thin." Celsus carried his opinions concerning the utility of regimen, perhaps, to an unwarrantable extent. In his judgment food seasonably given, according to Glass's quotation from him, is the best medicine in fever. Valentini also quotes him as saying, "*Multi magni morbi curantur abstinentia et quiete.*" Riverius was not behind his day in regard to this matter. "As for the point of nourishment," he remarks, "the diet ought to be thin and sparing in acute fevers. And therein the ancients were so severely diligent as to place the greatest part of the cure in ordering the diet." After this commendation of the plan of the ancients, he goes on to express himself in terms of censure concerning the customs of his own day: "But in our times, at least in our country, by the refractoriness of women, who fear nothing but that the sick persons shall be starved, as all their care in a manner is to cram their children with meat like pudding bags, how empty their brains of wit, or their hearts of grace and wisdom matters not; and the indulgence of physicians, who the best of them

smell too strong of the mountebank, it is grown into a fashion in all fevers, the most violent and acute, to allow the sick at all times broths of the flesh of hens, chickens, capons, and mutton."

The eccentric Van Helmont had his own notions about diet. He remarks: "This is the truth of diet which nature doth of her own accord show and teach, and let that thing be one perpetual, that whosoever hath obtained the best remedies of secrets, and he presently restoreth the sick, so also he prescribeth no other diet for sick than for healthy folk. For to the healthy all things are accounted healthy, because the digestive ferments do powerfully draw and restrain all things into their own jurisdiction. And so doth digestion prescribe the rules of diet."

Tissot, a French author of the last century, took very strong grounds in favor of abstinence in all kinds of fevers. "The most observing persons," he says, "constantly remark that when a feverish patient sups what is commonly called some good broth, the fever gathers strength and the patient weakness. The giving of such a soup or broth, though of the freshest and soundest meat, to a man who had a high fever or putrid humors in his stomach, is to do him exactly the same service as if you had given him two or three hours later stale putrid soup." After remarking that it is a very fatal prejudice, under which some labor, of trying to keep up the patient's strength by food, he adds, "the only things which can strengthen sick persons are those which are able to weaken their disease."

In his work "On Diseases of the Army," Pringle makes some very correct remarks in relation to the utility of a nourishing diet in putrid fever. He thinks the putrid diseases, so prevalent anterior to his time, were in a great measure suppressed by the introduction of sugar into general use, which he regards as a very powerful antiseptic. Huxham was also aware of the propriety of a nourishing diet in fever of a low grade of action. He says, "Indeed, as these fevers run very often out to a great length of time, supporting drinks and diet are necessary, without which the patients certainly sink under them."

Cullen notices the prevalence at various periods of putrid fevers, but gives little or no advice in relation to the diet proper in their treatment. Thomas objects to anything in the treatment of malignant and putrid fever, that would be calculated to sustain the system, unless there should be no congestion present.

Fordyce, in his Third Dissertation on what he calls regular continued fever, objects to the use of animal food in all varieties of fever. A very moderate use of farinaceous vegetables is all that seems to him necessary. He says, "If in health food of easy digestion is sufficient to maintain the powers of the body, it is certainly capable of maintaining them in disease, where from the facility of its digestion a greater proportion of it will be converted into chyle than of animal food of much more difficult digestion."

Such are the opinions which, anterior to the time of Armstrong, constituted the literature of dietetics in regard to fever. Hippocrates, Celsus, Riverius, Tissot, Fordyce, Cullen and Thomas evidently inclined to the

side of a spare diet in every variety of fever. Huxham and Pringle advocated the same plan in fever of much arterial excitement; but in the treatment of the epidemic putrid fevers of their day they recommended a nourishing diet from the commencement. So far as we know, they were among the first that succeeded in drawing the attention of the profession to the importance of this useful measure.

At the time that Dr. Armstrong wrote his work on typhus, abstractions from the vital current and everything calculated to waste the energies of the patient were looked upon by a large portion of the profession as being prejudicial in fevers of a low grade of excitement. The doctrines of Pringle and Huxham were regarded as being correct, and as being confirmed by the results of practice. The ingenious author, however, to whom we have alluded, gave a very unfortunate impulse to the depleting plan of treating typhus and all its allies. Congestion in some form or other, according to him, was the cause of all the debility and prostration incident to the complaint, and as a consequence the obvious remedy, with such pathological opinions, consisted in depletion general and local. The salutary suggestions of Huxham and Pringle were disregarded, and the disease was looked upon as being entirely menable to antiphlogistic remedies.

Current as this doctrine has been in Europe and America, it is destined to take its place among the things that are obsolete. Observing men everywhere are becoming satisfied that it is wrong in theory, and wrong in practice. Since the cholera made its appearance, continued fever of every variety is most successfully treated by abstaining as much as possible from free sanguineous evacuations; and by adopting, in everything like typhus, the feeding plan of treatment. This is the testimony of those well qualified to judge, having charge of European and American hospitals; it is also the decision of the skilful part of the profession throughout the country. A question might here be started, whether or not febrile diseases have undergone any material change since the advent of the notorious and fatal pestilence to which we have alluded? As all know, such epidemics do work their impression upon, or modify in some way or other the diseases that succeed them. From the fact, nevertheless, that the correct doctrine relative to adynamic fever obtained, and was successfully tested by practice, anterior to the advent of the cholera, there is good reason for supposing that it is now what it always has been.

We have premised these remarks on the doctrines of the ancients for the purpose of more particularly adverting to the use of food in the treatment of what in our country is called *epidemic typhus fever*. Between the ancients and moderns there is no difference as it regards the propriety of abstinence, or a spare diet, in continued fever connected with a high grade of arterial excitement, formerly called acute fever. The teachings of the Father of medicine in regard to such are as valuable as any that have ever been delivered; and are as current at the present time as they were in the days in which the Coan philosopher flourished. Our object is to call the attention of the profession to the sustaining, strengthening plan

of treating all febrile disorders in which, from the beginning, there appears to be atony of the principal functions of life.

It may not be out of place here to submit some of the considerations upon which this plan is founded.

In prescribing diet for any malady it is certainly not far wrong to pay attention to some of the features of its pathology, its duration, mode of termination, &c.

In the class of disorders of which we are about to speak, viz., the putrid fever of the ancients; the hospital, jail or camp fever of Pringle; the nervous fever of Huxham; the typhus of Armstrong; the adynamic gastro-enteritis of Broussais; the typhoid of Louis and Chomel; the follicular enteritis of Andral; the dothinenteritis of Bretonneau, and the epidemic or winter typhus of American writers, there is, among other things, a well-marked tendency in the system to debility, marasmus, and disorganization of the tissues. The debility is seen in the general prostration, the weakened action of the heart, the impaired condition of innervation and in the diminished amount of the secretions. Rapid wasting of the tissues is a very conspicuous phenomenon from the commencement. As is well known, this morbid action extends to every organ and tissue of the system, unless the gelatinous and osseous be exempt, and these certainly are found less altered after an attack of typhus than other parts. By far the greatest change is witnessed in the muscular tissue, and in the adipose deposit. Here from the first onset the phenomena of emaciation are conspicuous, and often continue until the patient is reduced to the condition of a skeleton. More or less disorganization denoting the weakness of the vital force, is present in every case of anything like an aggravated character. Hemorrhage beneath the cuticle (petechiæ), from the gums, alimentary canal, or the air passages, is of common occurrence. Vitality in certain parts of the body at times becomes extinguished, and pieces of flesh mortify, drop out, and thus give rise to ulcers. Besides the alterations in the solids, the blood in disorders of this class is diminished in quantity and depraved in quality. In contains, according to Andral, no spontaneously coagulable matter, is deficient in fibrin and globulin, and presents on inspection a dissolved, putrid appearance.

An enlightened system of dietetics, we think, should take into consideration the *duration* of the malady. In fevers that run their course in a short time the importance of this remark is not so obvious, as in those that are very protracted. As a general rule, the malady before us lasts from seven to twenty-eight days. Prevailing, however, in the form of an epidemic, it has a certain cycle of changes through which it will run, and from which it cannot be moved, that in a majority of cases have something like a fixed duration. Very often this exceeds the time at which, in health, without food, starvation would occur. This event we know depends to some extent on the amount of fat in the body, the presence or absence of water, and the degree of motion, voluntary and involuntary, to which the system is subjected. In the complaint under consideration there is reason to believe that it would take place much earlier than in health. The functions of respiration and circulation are increased so

much in activity, that there is more oxygen admitted into and transmitted through the system, than in health. This never passes out of the system unchanged; hence the secondary or destructive assimilation, the process of waste, is augmented, as is seen in the rapid emaciation, to furnish the materials with which the oxygen is found combined in the various excretions. Attended, therefore, with such circumstances, there is certainly propriety in carefully noticing the duration of the affection, in order that a kind of food may be provided sufficiently nourishing to sustain the patient until the disease has run its course.

Another view may be taken that seems, in our estimation, to make a timely and judicious administration of nourishing substances proper. We allude to the agency of food in obviating *complications*. All know that inflammations, complicating disease, arise in very opposite conditions of the system. We find them occurring with as much facility in typhus, as in synochus; and it would perhaps be safe to remark, that the more a patient is debilitated the more danger he is in from complications of an inflammatory nature. If this position be correct, things having a tendency to keep the system from sinking into a state of prostration, and the avoidance of whatever is calculated to waste the strength of the patient, merit some attention as the means of averting what, oftener probably than the disease itself, causes a fatal issue.

From such views the sustaining plan of treatment seems most entitled to confidence; but some things, it must be remembered, look plausible in theory which in practice are found to be defective; we do not believe, however, that this is the case in the matter under consideration. Better success will be found to attend the course just mentioned than has attended any other to which the malady has, as yet, been submitted. We shall now proceed to a brief detail of the means proper for carrying this plan into execution.

In making a selection of food it should be recollected that the indications will be best fulfilled by articles digestible, containing a large proportion of nutritious matter, the elements of respiration, and, as far as practicable, those most adequate to exercise an antiseptic influence. As has previously been shown, animal matter contains the greatest proportion of nutritious principles, is least combined with adventitious substances, is as readily assimilated as other kinds of food, and has a composition identical with blood. Possessed of such qualities, it must undoubtedly take the first rank as an available agent in the process of nutrition. In the preparation of the food, of course it should be reduced as nearly as possible to the fluid form. Tea, made from the fleshy parts of mutton, beef, or from fowls, answers a very good purpose. Analogous to these, and perhaps equally valuable, are eggs slightly cooked, and milk; the former composed principally of albumen, and the latter rich in casein—elements which have, like the fibrin of flesh, a composition identical with blood.—Besides articles designed for nutrition proper, we want also those which are considered *elements of respiration*. The condition, as we have seen, of the respiratory function is such, that an abnormal proportion of oxygen is introduced into the system, which by combining with the tissues,

there is very good reason to believe, is the principal cause of marasmus. Something, therefore, containing carbon and hydrogen in proportions sufficient to unite with the oxygen of the inspired air, that it may be prevented from acting on the tissues, is what seems, if this view of the matter is correct, to be what is indicated. Vegetables, although not so nourishing as animal food, contain the materials to which we have alluded, in great abundance. Those to be preferred are the amylaceous, found in great abundance in wheaten flour, sago, tapioca, arrow-root, potatoes, &c. The "*cream of ptisan*" of Hippocrates, made from barley by boiling it to the consistence of cream, and straining it, is, we suppose, as valuable a preparation of vegetable food as any of modern origin. In having it prepared, this author had his *thin*, *exactly* thin, and *extremely* thin, just as it seemed to be required.

With respect to the articles best calculated to exercise a direct antiseptic effect, in order to oppose, as much as possible, the tendency to a diminished cohesion of the solids and fluids, we can say but little. Pringle, as we have seen, ascribes the decline, in his day, of putrid diseases, such as scurvy, leprosy, dysentery, plague, and pestilential fevers, to the introduction of sugar, beer and various liquors into general use. It is known, nevertheless, that saccharine articles are very liable to produce flatulence, acidity, and other troublesome symptoms in the alimentary canal. In favor of the utility of beer, and several kinds of wine, there is some testimony; but on considering the ambiguous character of any agent in fulfilling the indication before us, it may be concluded that as much can be done to resist the septic tendency by keeping the nutritive process in vigorous action as in any other way.—*Western Medical Journal.*

A CASE OF TETANUS TREATED BY CANNABIS INDICA.

By Isaac Hiester, M.D. of Reading, Pa.

[Communicated for the Boston Medical and Surgical Journal.]

Cyrus Sassaman, aged 16 years, in the act of quarrying stones received a contusion on his left index finger, which lacerated the skin and muscles of the second and third phalanges. The wound was immediately brought together with strips of adhesive plaster, and on removing the dressing the tenth day it was found completely healed. In three or four days afterwards he began to feel a stiffness in his jaws, and a drawing pain in his neck and shoulders. These symptoms went on increasing about forty-eight hours, when, on the 22d of April, 1846, in the afternoon, he applied to me for advice. He could not, at this time, separate his teeth more than three fourths of an inch; complained of rigidity and pain in the muscles of the neck and shoulders, which occasionally extended down the back; had, also, considerable difficulty in swallowing. I immediately laid open the wound, applied caustic to it, and directed a lye poultice to the part. As the patient had been costive for several days, I prescribed an active purge in the form of powder to be taken at bed-time.

Having been called some distance from home to an urgent case, I did

not see him again until the afternoon of the following day (23d) at 6 o'clock. Has had a restless night. The medicine operated copiously. The pain and rigidity before complained of continued to increase during the night, and were aggravated whenever it became necessary to help him up to the close stool. About day-light, when the alvine discharge had ceased, he became easier, and slept at short intervals for an hour and a half. Symptoms then became worse again, and have been on the increase ever since. He cannot now with his best efforts separate his teeth more than the third of an inch. The muscles of the neck and back, as well as those of the abdomen and lower extremities, are rigid, and he has almost constant opisthotonos, with great distortion of countenance. When the spasms relax a little, they are instantly renewed by the slamming of a door or any other sudden noise. Taking hold of his wrist rather suddenly to feel his pulse, caused a paroxysm. His tongue is very sore at the tip and sides; from its involuntary protrusion during the paroxysms, directed a cork to be inserted between the teeth. Pulse 64.

Considering the case a fair one for the trial of cannabis Indica, I directed an aqueous solution of the extract, containing two grains to the teaspoonful, and this quantity to be administered every half hour until the spasms should be relieved or the patient fall asleep—then to be repeated according to circumstances.

25th, 10, A. M.—Became more tranquil last evening after the second dose, and after the fourth dose slept, with slight interruptions, for two hours. He awoke with spasms, which, however, were much subdued in force, and somewhat in frequency. The medicine was resumed, and administered at irregular intervals of from half an hour to two hours during the remainder of the night, and he had many refreshing naps. This morning there is a decided abatement both in the violence and frequency of the paroxysms, and the lower extremities and abdomen are relaxed. With the view of testing the duration of effects of the remedy, it was directed to be omitted for the present.

10, P. M.—Complains of intense pain at the scrobiculis cordis, also of some pain in the hypogastric region, attended by dysuria. Resume the cannabis, and take five grains every hour, extending that interval in case relief be obtained.

25th, 12, M.—After the 3d dose he became composed, and slept more than he had done any previous night since my first visit. Spasms return about every twenty minutes, and are more feeble; the pain at the ensiform cartilage has subsided, and very little dysuria remains. As the bowels have not been moved since the operation of the cathartic—R. Ol. terebinth. and ol. ricini, āā ʒ j. M. To be taken immediately; and after its operation, resume the cannabis in three-grain doses every two hours.

26th. 12, M.—Patient is in a sound sleep and has been so for the last hour. The purgative dose operated only once, but thoroughly. Slept a great deal at intervals last night.

27th. 12, M.—Had a restless night, caused, probably, by overloading the stomach with a German dish called cream soup, made rich with eggs and butter. Appetite, which had failed, is improving; says he feels

comfortable; can move his jaws a little laterally, and can separate them a little more. Continue the medicine as before.

28th.—Slept a good deal last night, and felt comfortable. Spasms still recur occasionally, but are so feeble that he bears them with little inconvenience. Extend the intervals of the medicine to three hours.

29th.—Rested comfortably last night, and slept a good deal. Begins to chew a little, but is still confined to spoon food. Suspend the medicine, and R. Ol. croton tigl., gtt. vj.; pulv. gum acacia, gr. vij.; aq. font., q. s. Ft. pil. no. vij. To take one every hour, until they operate on the bowels.

30th.—Symptoms all improving. The third pill operated freely. Can with a little effort separate his teeth to the extent of an inch.

May 1st.—The spasms now recur so slightly, and the rigidity of the muscles, except those of the jaw, has so nearly subsided, that the cannabis may be omitted, and acet. of morphine substituted. Take half a grain dose morning and evening.

2d.—The morphine succeeds completely in allaying the remaining spasms, and keeps him comfortable. Begins to chew solid food pretty well.

3d.—Rapidly convalescent. Some stiffness of the jaws only remaining, for which apply a liniment.

ACONITE AND MERCURY—HOMŒOPATHICALLY.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—In the Journal of March 11th is a reply to a former article of mine, on this subject, to which I soon after replied, but I find my manuscript shared the fate of some of your more *valuable* communications. I therefore write again. Dr. Leonard's last article is rather a singular one, but is in a good spirit, and perhaps such as we should expect under the circumstances. The doctor is very much surprised that any one advocating homœopathy, should have any decency left, calls us a very clever fellow "with one fault"! (he is fortunate, perhaps, in not being personally acquainted), uses a little soft soap, which does not seem to be homœopathic to our case, &c. Dr. L. seems to imagine that nothing is proved till certain doctrines are substantiated, viz., "that medicines do induce an artificial disease like the natural one," &c. Now the *fact* of the operation of a particular remedy in a diseased state, is one thing; the manner in which this is done is quite another thing, entirely separate and distinct. The point is, does the fact exist? This is to be settled only by observation; *a priori* reasoning will not do. When the fact is established without doubt, or upon sufficient evidence, it is very natural and very convenient to inquire how this is done, or what is the philosophy of the thing. Now the explanation may be right, or it may be wrong. If wrong, it does not at all invalidate the fact. There are many things in nature which we know to exist as facts, which we may not be able to explain; when we attempt an explanation, it may

not be right. This is the ground that Hahnemann took. He established certain facts, and then gave explanations, which he acknowledged might be correct, or might not. Dr. L. complains that we accuse our brethren of ignorance, especially W., who wrote a former article. Now we happen to know who W. is—a gentleman we have known by reputation for many years, and have esteemed him as highly as does Dr. L. But have we accused W. or any one of ignorance except upon this subject? Did not W. plead guilty on this point, and did not his article substantiate his plea? What fairness is there in making a general application, of what applied to a particular subject? A man may be ever so learned, and still be ignorant of a subject which requires years of critical study, if he has given it little or no attention. Dr. L. evidently winces under the idea of anything like a distinction between mechanical, chemical and vital operations; he has just learned that there is some difference of opinion on some small points, and that some homœopathic physicians at this day do not think exactly as Hahnemann did some twenty-five or thirty years ago, on a science which is making rapid progress. We trust his mind may become clearer on this point at some future time.

Dr. L. is troubled because he analyzed a few homœopathic globules, and there was not forth-coming a huge pile of arsenic, chalk or gun flints; and I have know our brethren alarmed so before, and supposed there was nothing but sugar. We do not suppose that chemistry will *detect* the medicinal substance in a high trituration; but are our vital organs, rendered doubly susceptible by disease, as clumsy in their operations as a laboratory or machine shop? Can Dr. L. detect the poison of a marsh, or that which produces scarlatina or typhus? It is now well settled that the human system will detect agencies which chemistry cannot; and that in a diseased state the organism is powerfully affected by articles which have no sensible effect in health. Hence the value and efficiency of homœopathic remedies when rightly applied in disease; while ten times the quantity of the same, applied at random, or given in health, would be entirely destitute of sensible effect.

But we are approaching the region of dynamics ("spiritual essence" of Dr. L.) a doleful region to our brethren. This is a term now general, and one much used in homœopathy; by which is meant powers or causes whose effects only are perceptible to our senses; it is applicable both to diseases and to remedies. But Dr. L. cannot believe our assertions—he "wants evidence." "Truth is the mountain of his strength," and to this we say amen. But is it in this manner that the opposers of homœopathy proceed generally? We are often gravely told there is no substantial evidence in favor of it, nothing which would be received as such in a court of justice, &c. Is this so? Now the truth is, that all the substantial evidence concerning homœopathy, in any shape, is in its favor; and there is none, I assert it without fear of contradiction, against it. Nearly all against it is assertion. The proper question is not what one has heard from A or B, or read in this or that author, on the subject; but what do you know of it from personal examination of the subject, in the *only* legitimate way, by actual experiment? Are there not men of high

standing in our profession, who have never seen a particle of medicine administered on the homœopathic principle, with proper exactness, and who have scarcely spent one week in reading standard writings on the subject, who boldly give an opinion of its merits, and even endeavor to prejudice the public against it?

But Dr. L. has tried it in practice, and we therefore admit him as a witness in the case, and extend to him the right hand of fellowship, notwithstanding he is a witness against us. He has tried it and "found it a very silly business." We have tried it in hundreds of cases, and in the severest forms of nearly all our acute diseases, and found it to succeed admirably. How is this conflicting testimony to be reconciled? Dr. L. is anxious to arrive at the truth on the subject, and talks, and I presume will *act*, as an honest man. Truth is all *we* want, and when we are not honest we wish to be informed of it. Let us then compare our *cases* of practice, and let those who are *capable* of judging, decide on which side the error lies.

Case I.—I was called about 12 at night, on the 16th inst., to visit Mr. ——, aged, say, 30. He was taken sick about thirty hours previous. I found him with pulse 102, *full, hard, and strong*; skin very *hot and dry*; tongue covered with a *heavy white* coat; *great thirst*; tenderness of the abdomen with hardness, and very severe pain; urine *high colored*, and small in quantity. *Diagnosis*, inflammation of the bowels; his disease had been increasing up to this time. The morning previous he had been bled and purged very freely, and other appropriate allopathic treatment adopted by a very respectable practitioner. His diagnosis same as mine; indeed it was one of the plainest cases of acute enteritis of an entonic character I have ever seen. I was requested to prescibe and take charge of the case. S. eight or ten gtts. aconite (strong), equal to three or four gtts. tinct., in a teacup of water: gave teaspoonful every half hour for two hours. In one hour, the pain began to abate, and in two hours he inclined to sleep; a moisture began to appear on the head. I left, directing to give a teaspoonful every hour.

17th, 7, A. M.—Had slept and sweat freely; skin moist, and much cooler; pain much less; pulse about 100, but soft; bowels tympanitic, and soreness about same. Continue aconite. 7, P. M.—Skin moist; quiet; pulse 90, soft; bowels free. Continue aconite with bryonia.

18th, 8, A.M.—Pulse 79, soft; skin natural; rested well; little pain; bowels less distended; tongue about same; thirst abated; urine free. Continue aconite and bryonia.

8, P. M.—Pulse 75; fever and soreness much less; no pain; some appetite. Continue medicine at longer intervals.

19th.—Up and dressed; pulse 74; bowels nearly natural; free from fever; tongue brownish-yellow, &c. Gave nux vomica—a few drops in water.

20th.—Rode out of the city, feeling quite well, excepting debility. Continues well.

Is there in this case anything indicating aconite, or would any other medicine or simple sugar of milk have done the same, or was there no disease?

Case II. occurred some weeks since. My notes of the case are mislaid, but the important facts can be stated. Mrs. ———, aged 27, had been sick some days, but had no efficient treatment. I was called to visit her February 21, evening. Pulse 112, not hard or full; tongue covered with a *brownish-yellow coat*; bowels distended, tympanitic and *excessively tender*; *bilious vomiting*; *bilious diarrhœa*; about eight movements during the day, and 12 *during the night*; *free perspiration, which did not relieve*; excruciating pain in the *bowels*, which had prevented any rest for some forty hours; *symptoms all aggravated at night.* I prescribed aconite and nux vomica.

22d, A. M.—No relief. Found, on more critical comparison of her case with the effects of remedies, that mercury was indicated; she was in severe pain. Gave mercury. In ten minutes she was easy, but in about two hours the pain returned, as before. Repeated the mercury, and in a few minutes she was again perfectly easy. I watched the case closely; the effect of the medicine lasted about two hours, and it was then repeated, which kept her quiet and comfortable. This had a decided effect for two or three days, when the pain and inflammation were subdued, tympanitis removed, pulse nearly natural, diarrhœa checked, and *sweating abated*, when mercury lost its effect, and other remedies were indicated. This case quickly recovered.

Was there anything here that indicated mercury, on the principle of *similia similibus curantur?* Does mercury produce any symptoms similar to the leading ones in this case? Are mercurial diseases *worse at night* or day? The quantity of mercury given was about 1-50 of a grain, a large dose for homœopathy; but it had not been triturated to develope its power as long as we are directed by Dr. Benj. Bell, for he says it should be "triturated six or seven hours daily for thirty or forty days"!—(See Bell on Venerea, p. 109.)

In such cases as the above I have been surprised that we can carry them through, when the appropriate remedies are given with so much less pain and suffering than when we used strong anodynes in the ordinary practice. In a case of pneumonia, recently, in an intelligent clergyman, which was very severe in its onset, he has frequently remarked that the suffering and pain bore no comparison to former attacks of the same; and at one time, when in severe pain, and difficulty of breathing, with great restlessness, one drop tinct. phosphorus put an end to it at once. We should none of us be likely to give very large doses of it, in acute pneumonia. Will it produce inflammation of the lungs?

These two cases may suffice for the present. We have scores of others of all the acute diseases, were it necessary to report them, and may do so at another time, if our kind editor's patience is not exhausted. We have endeavored to state these plainly; and now, as Dr. L. and myself are endeavoring to ascertain which is in the right, and as we intend to do just as we would be done by (that is homœopathic), we ask Dr. L. to give us his cases—to state the symptoms so that we may be able to form an opinion as to their nature, the remedies used, and the results. We shall look with interest for them.

Dr. L. can see no analogy between homœopathy and vaccination. He does not deny that they were alike opposed at first, but he can see only the *rationality* of the latter. Human reason, merely, is a very bad thing to settle a scientific subject upon, and the world have ever found it so. There are many sciences at first view contrary to our reason, as homœopathy now or vaccination to the men a hundred years ago, which, when we become conversant with, our reason bends to the facts. If vaccination was so very reasonable, why did it receive such bitter opposition? Perkinsism must come in, also, to be compared with it, and our friend sees analogy between them, which we confess we cannot see yet. Dr. L. cannot tell "which is the greatest humbug." Now we think if their continuance is to test this point, homœopathy is much the greater, for Perkinsism originated, we think, in 1796, the same year (an eventful one) in which homœopathy was promulgated to the world, and it did not die completely till 1811, fifteen years after, when Sir Christopher Caustic's *terrible tractorations* killed it as dead as a *door nail*; while homœopathy is now at its "*meridian splendor.*" Finally, in comes hydropathy, the last *pathy*, as yet, in the catalogue, and for our life, doctor, we are not *learned* enough to see an analogy between them; the difficulty may be we are enough so to see a *difference.* We had supposed that since the days of Currie, the application of water was generally considered by the profession one valuable means in the treatment of disease, but we were never much in favor of making one thing a hobby; and if our friend thinks we are *already on one,* we think he will find himself mistaken ere the end of the journey.

Homœopathy is placed in very different lights by its opposers. It has risen from the low quackery it was once considered, and is now acknowledged a respectable medical doctrine. Dr. Forbes, in the Jan. No. of the "British and Foreign Medical Review," speaking of Hahnemann and his doctrines, says: "No careful observer of his actions, or candid reader of his writings, can hesitate for a moment to admit that he was a very extraordinary man, one whose name will descend to posterity as the exclusive excogitator and founder of an original system of medicine as ingenious as many that preceded it, and destined probably to be the remote if not the immediate cause, of more important changes in the healing art, than have resulted from any promulgated since the days of Galen himself. Hahnemann was undoubtedly a man of genius and a scholar, a man of indefatigable industry, and undaunted energy. In the history of medicine, his name will appear in the same list with those of the greatest systematists and theorists; unsurpassed by few in originality and ingenuity of his views, superior to most in having substantiated and carried out his doctrines into actual and most extensive practice."

This is the language of a high-minded and honorable opponent of homœopathy, one who has studied tolerably its doctrines, but has not tested it in practice.

Dr. Andrew Combe, of Edinburgh, well known as an author to all our brethren, has an able article in the last No. of the same Review, rather seconding Dr. Forbes's views, and insisting that it should be tested

by careful experiment before judging of its merits. These articles of Drs. Forbes and Combe, it is hoped will be carefully read by their allopathic brethren in this country. After which a review of Dr. Forbes's article, by Profession Henderson, of Edinburgh, might be read to advantage. This is one of the most masterly polemic medical papers, which has ever been written, and by a man of at least some reputation; also "Reasons why homœopathy should receive an impartial investigation from the medical profession and the public, by B. F. Bowers, M.D., of New York," a very able thing. These are published in pamphlet form, and may be obtained in the large cities. We think if they were read, it would have a tendency, at least, to allay a high state of nervous excitement in our brethren in regard to some contested points in medicine, which when better understood will be more correctly decided.

Lowell, May 21st, 1846. Yours, &c. DANIEL HOLT.

OPERATIONS ON THE PALATE.

[THE first volume of M. Dieffenbach's work on Operative Surgery is analyzed in the last No. of the British and Foreign Medical Review. From this analysis the following remarks on the palatine suture are copied.]

In cases of small holes, or openings in both the soft and hard palate, Dieffenbach employs with great success a concentrated tincture of cantharides, with which the borders of the opening are pencilled several times daily. Inflammation and granulation of the edges are followed by union, while if the potassa pura be used, a portion of substance is lost, and the granulation is not sufficient to close the opening, which remains larger than before. Larger openings are, of course, treated by paring the edges, and union by suture.

In closing fissures of the soft palate, leaden wire is said to be far preferable to silk, and much more easily applied. It can be drawn sufficiently tight to keep the wounded edges close together, while silk, if so drawn, would cut through those delicate textures.

Adhesion of the velum palati to the posterior wall of the pharynx causes great suffering from stopping the communication between the nares and air-passages, deafness from closure of the eustachian tube, &c., and therefore, although the operation is very difficult, the adhesions must be freed by means of a long scalpel, making a transverse incision, about half an inch below the adherent border of the velum. The edge is fixed by a hook, and drawn from the wall of the pharynx. Then a lancet-formed knife, the flat surface of which is curved, is used and directed upwards, to loosen the velum, the separation of which is completed by scissors, also curved upon their flat surface. The upper adhesions are destroyed by passing a blunt curved iron instrument, like a very small spatula, along the inferior nares. This operation would be rendered unsuccessful by a fresh adhesion of the parts together, unless sutures were applied. A ligature is prepared, with a small curved needle at each end,

and with one of the needles the velum is transfixed a few lines from its edge, and the needle brought out at a high point, on the anterior surface of the palate. The other needle is used in the same manner, the ligature being passed a short distance from the side of the other. Then the ends of the thread are tied together, taking care that the edge of the velum is left about half an inch distant from the palate.

It may be well to state that Dieffenbach considers that, in general, all mechanical means for closing openings or fissures of the velum are not only useless, but injurious and dangerous. With regard to those of the hard palate, wearing anything between the edges of the opening gives relief for the time, but generally causes enlargement of the opening, so that if the size, or other circumstances, render an operation unadvisable, it is better to cover the palate with a gold plate fixed to the teeth. Of course this would be left to the dentist, but if no such person be in the neighborhood, any mechanic could make such a plate if the surgeon took a model of the palate in soft wax, harden this in cold water, and upon this make a cast in sulphur, or plaster of Paris. The gold plate, formed upon this cast, would form the artificial palate, and be fixed by gold wire around the back teeth.

In cases of holes in the palate, the edges of which are so callous that an operation would be unsuccessful or impossible, the opening may be stopped by wearing a double piece of Indian rubber, without the danger of its enlargement. Two pieces of Indian rubber, of the thickness of thin pastebord, are cut about four or five lines larger than the opening, and between them, in the middle, a small round piece of the same thickness is laid, and these three layers are transfixed, and sewed together with waxed thread. One plate thus is made to lie on the anterior, the other on the posterior side of the palate, and the small middle strip in the openings, with the edges of which it is not in contact, as it is smaller than the opening. When the patient wishes to insert this obturator, he softens it in warm water, squeezes its layers together with a pair of forceps, and passes it through the opening, standing with widely open mouth before a looking class. It is removed once a week to clean it, or to apply a new one. When the opening is so small that some hope of a closure remains, the edges should be pencilled with tincture of cantharides. We have lately applied this elastic obturator with most satisfactory result upon a gentleman who had undergone three unsuccessful operations, by paring the edges and applying sutures. We took a model of the palate in wax, and upon this made a plaster cast. This saves a great deal of unpleasant manipulation in the patient's mouth, and an exact fit may easily be obtained. Our friend was quite delighted with the result, and his wife amuses herself by making the plugs, so that with the cast they are quite independent. It is really surprising how much happiness may be conferred upon a family by so simple a contrivance. How, then, can a man practise with a clear conscience who does not keep himself on a par with the knowledge of his age? We think it is Dr. Baillie who says, "In other professions ignorance may be *folly*; in ours it is *crime*."

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 10, 1846.

Connecticut Retreat for the Insane.—The twenty-second annual report of the condition of this well-conducted institution has been received. Very essential improvements in the buildings are spoken of, as increasing the facilities, and furnishing accommodations for an increased number of patients. Two new wings, of 120 feet in length each, by 36 in width, are very important parts of the establishment. The physician has had a fine house erected, of Portland stone, stuccoed, which adds much to the fine appearance of the buildings. The Directors have recently expended upwards of forty thousand dollars in bettering the old and in finishing new buildings and apartments. Accompanying the report is a lithographic view of the edifices and grounds, which is not only a charming picture itself, but gives the reader a very correct idea of the appearance of the Asylum. Dr. Butler's report, in connection with that of the trustees, treasurer, chaplain, &c., must be a satisfactory paper to the people of Connecticut. They will readily perceive that their Asylum is doing great good, and has a reputation abroad of which the citizens may be proud.

At the beginning of the year, ending March 31st, the number of patients was 103. 55 have been discharged well. Whole number in the Retreat April 1st, 116; the number admitted during the past year, 128.

Dr. Butler has some judicious observations in regard to removing patients too soon, and the truth of his remarks upon the injury they sustain from it, is illustrated by cases. This is an evil which we fear he will have to contend with through his official life. Friends are always meddlers where insanity is the subject. Their affections outweigh their judgment, and it is as impossible to convince them by reasoning that they are doing positive wrong, where they believe themselves in the right, as it would be to restore the lunatic instantly, by miraculous power.

We congratulate both Dr. Butler and the State of Connecticut, upon the excellent condition, prospects and character of the Retreat.

Medical Society of East Tennessee.—On the 7th of May the Society of East Tennessee met at Knoxville. Through the Knoxville Standard, we are able to anticipate the usual pamphlet report of the annual doings of the Society, an unusually spirited body of medical gentlemen, in giving the names of the officers, &c., for the present official year. One of the resolutions reads thus:—

"The members of this Society, feeling that East Tennessee, more than any other section of the Union, requires purgation to be rid of the charlatanical doctors with which it is infested, unanimously resolved, "That the Corresponding Secretary be instructed to correspond with the Medical Societies of the State of Tennessee, as to the propriety of petitioning the

next session of the Legislature to pass a law, forbidding all persons to practise medicine hereafter, unless they have a diploma from a medical college, or license from the Medical Society of the State of Tennessee or from the Medical Society of East Tennessee, or from some other respectable source.'"

Two instructive papers on Quinine, from Dr. Dickinson, of Charleston, S. C., were read; also papers by Drs. Cunningham, Barr, Ramsey and Burnett. Dr. Wm. Rodgers was appointed to read a paper the next semi-annual meeting—and Dr. Evans on the day of the annual meeting, which takes place on the first Thursday of May, 1847, at Jonesborough.

The officers for the ensuing year are, J. B. Reese, President; S. B. Bowls and W. F. Barr, Vice Presidents; F. A. Ramsey, Corresponding Secretary; B. R. Strong, Recording Secretary; Wm. Rodgers, Treasurer.

Cancer Curers.—Those pests of society, cancer curers, are not yet extinct. Some of the remnants of them, who administer miraculous plasters which draw out cancers, all horrible with long legs, like a horse-shoe crab, are in full feather in the good city of Boston. Formerly, men—those who had the tact for turning the pimple on a fool's face into these eating cancers—had the control of the business; but it has now fallen into other hands, and ignorant female doctresses, those who can get more by patching up the imaginary ill health of people of like calibre than by mending old clothes, have almost a monopoly of that order of patients who are never satisfied without being cured of some desperate ailment. The country supplies patients for the cancer curers of the city. They bear the misery of being burnt, fried and stewed alive, admirably, because there is a kind of glory in being talked about at home, as the one who had an awful cancer drawn out by the roots. Then, again, the patients pay well for these dreadful operations, which are supposed to cost the profound old woman who performs such wonders, great study into the nature of roots and herbs—far beyond the researches of the "regular doctors," who learned all they know at universities.

Last week we incidentally saw a little girl, 11 years of age, from Bridgewater, Mass., just liberated from the stinging influences of a cancer plaster on the tip of her nose, applied by a distinguished doctress here in Boston. The child had a little red pimple near the tip of the nose, which her mother decided was a cancer, and so did her aunt, and perhaps half a dozen meddling old maids in the neighborhood, and so did the doctress when the bright little beauty was brought here for inspection. For the small consideration of six dollars, the magic stuff was stuck on—and when we last saw the poor dupe, a phial was triumphantly presented containing a piece of the skin and cellular tissue, actually killed and sloughed off by the direct action, it is presumed, of some arsenical preparation, which was said to be the cancer! She, of course, was delighted—and the aunt, too, whose faith was equal to all exigencies in quackery, however gross, expressed her perfect satisfaction in the result of this shameful procedure. When the artificial ulcer fairly heals up, the nose will be permanently and unnecessarily disfigured. Yet the whole family, including the aunt of strong faith, are doubtless rejoicing over the providential deliverance of the child from the deplorable results of a gnawing cancer.

If the parents are not the veriest fools in christendom, their eyes at

some future period will be opened to the imposition that has been practised upon them, to the lasting injury of the fair features of their child; and they will not deserve the sympathies of anybody, should they be coaxed into wearing a six-dollar cancer plaster themselves.

Ophthalmic Practice.—Notwithstanding the fact that some of the very best operators on the eye this country affords, reside in Boston—and an Eye Infirmary also exists here under the special patronage of the Commonwealth, and therefore enjoying the perfect confidence of all classes of persons—the capital of Massachusetts is the focus of ophthalmic humbuggery, and the theatre in which ignorant pretenders from a neighboring city, play their most profitable games of imposition. On authority perfectly reliable, we are assured that periodical visits are made to Boston by adepts in giving eye-advice, who carry away large sums of money at each trip, in exchange for opinions and suggestions, or for aconite and watery solutions of opium. In recording this mortifying circumstance, of the encouragement given by the wealthy, though not the most intelligent, citizens, to vain, self-conceited, boasting charlatans, it is philosophical to suppose that a diversion of a high cost is coveted by them, and it is just as well for them to pay for needless prescriptions for imaginary or real affections of the visual organs, as for any other irrational amusement. Overgrown wealth naturally seeks depletion, as swollen rivers find lateral outlets, and sometimes where least expected. The elixir of life is bought and sold as frequently in this intellectual age, as it was in the days of Paracelsus, the autocrat of quacks.

Polynesian Quackery.—Medical impostors are not confined to civilized countries. In the Paumatu group, the native doctors not unfrequently aggravate the disease. Prominent medicines with them are candle-nut, *aleurites triboba;* butter calabash, *curubita lagenaria;* the seeds of the castor oil nut, a species of ipomœa, besides powerful herbs in decoctions, administered by enemas. So powerful are the doses, that severe agonies are induced, followed by the death of the patient. Incantations are also used. Those in good condition are duped by these doctors to take something to keep them well. Native surgeons were never known to exist there at all. Cuts, bruises and breaks were pretty much left to nature.

Health in the Willamette Valley.—When Capt. Wilkes was in Oregon, he visited the missionary hospital, built of logs, under the charge of Dr. Babcock, a missionary. He informed Capt. Wilkes that the country was healthy, although in August and September, they were subject to fever and ague on the low grounds; but in high, dry situations, he believed the inhabitants would be free from them. Only a few diseases appeared, and those were easily managed. On the whole, the Willamette Valley has a charming climate.

An Eye and Ear Infirmary without Location.—A circular has been sent us, *not post paid,* which gives a detailed account of the success of an

eye and ear dispensary at the rooms of Dr. James. Whether the institution is in the moon, Uranus or Madagascar, the document does not say. Further, it is without date. It was a heedless secretary who addresses the benevolent in this blind manner, asking their sympathy and assistance. Contributors, to be in character, should throw their money into the air, out of sight.

Prize Essay of the Alabama Medical Society.—The State Medical Society of Alabama offered, last season, a silver cup, as a prize for the best Essay on the *Pathology and Treatment of Congestive Fever.* We learn that, at the annual meeting of the Society, held at Selma, in December last, this prize was awarded to Dr. G. A. Mabry, of Selma. We take great pleasure in stating that a similar prize is now offered for "*the best Medical History of Alabama.*" This is the way to excite professional emulation, and, we doubt not, it will bring out the best talent of the State. Every medical society should offer one or more prizes every year. Southern physicians have as much talent as is to be found in the ranks of the profession anywhere, but being scattered over a vast extent of country, and not feeling the stimulus of association, and of emulation, they are, in a great degree, too negligent of the progressive improvement of medical science. A brighter day is dawning upon us.—The Essay, with the name of the writer, is to be deposited with the Secretary of the Society, Dr. A. G. Mabry, Selma, on or before the first Monday in December next.—*New Orleans Medical and Surgical Journal.*

Celebration of the Birth-day of Pinel at the N. Y. Lunatic Asylum.—The Utica Gazette contains an account of a celebration of the birth-day of the illustrious Pinel, at the Lunatic Asylum in that city. A hymn, written by Judge Bacon, of Utica, for the occasion, was sung by the choir of the institution; prayers were offered by the chaplain; and an eulogium on the character of Pinel pronounced by Dr. Maltbie, one of the patients at the Asylum. The Gazette says that the exhibition was unique and interesting.—*Buffalo Med. Journal.*

Latin Prescriptions.—We have noticed, of late, several articles in foreign and domestic journals, respecting the absurdity of perpetuating the pedantic habit of writing prescriptions in Latin. We hope the result will be, that it will be considered antiquated nonsense to use aught besides our own vernacular, in the directions for the apothecary or patient. The sooner the profession is stripped of all remnants of affectation and mystery, the better. For the sake of uniformity, however, and to avoid confusion, it will be advisable to continue the present system of forming the nomenclature of the pharmacopœia and materia medica, from Latin or Greek derivatives. The objection is to tailing the formula with mongrel Latin, when pure English would answer quite as well, and certainly be in better taste. We believe the majority of physicians of this country, have already discarded the practice. We occasionally, however, see it persisted in published reports, when, in many cases, it is to be presumed, it has cost the writer considerable pains to appear (as he doubtless thinks) quite scholastic.—*Ibid.*

New York State Medical Society.—At the last annual meeting of the New York State Medical Society, held at Albany, in February, 1846, the following gentlemen were elected officers for the ensuing year, viz.:—

John McCall, M.D., of Utica, *President;* Stephen Hasbrouck, M.D., of New York, *Vice President;* Peter Van Buren, M.D., of Albany, *Secretary;* Peter Van Olinda, M.D., of Albany, *Treasurer.*—*Ibid.*

Perforation of the Membrana Tympani for the Cure of Deafness.—A young woman was completely deaf in both ears for four years, caused by a severe cold. Catheterism of the Eustachian tube was performed, and said to fail. The membrane of the tympanum was pierced, a small piece being drilled out of the membrane of the right side. After the operation, the hearing was greatly improved. Next day, intense pain was experienced in the ear. Remedies were applied, and in forty-eight hours a profuse discharge took place from the ear. This varied in quantity, day after day, for two months, the hearing being slightly benefited. In eleven weeks after the operation, the patient became more deaf than ever, and was constantly complaining of flying pains through the head; at one time fixing in the forehead for a few hours, at another in the occiput, and frequently in the temple, particularly in the right ear. In this state she continued for four months, when she was attacked with rigors, rapid pulse, intolerance of light, and all the symptoms of disease in the brain, and she died on the third day.

On examination, an abscess was found in the lower part of the middle lobe of the brain. No opening could be detected through the petrous portion of the temporal bone, but the dura mater covering it was roughened on the surface, and softened in its texture, particularly near the internal auditory foramen. The membrana tympani was entirely destroyed, and the lining membrane of the typanum was considerably thickened and villous on its surface.—*Dublin Medical Press.*

Medical Miscellany.—Dr. Elisha Bartlett was in Paris the last of April, on his way to England, expecting to return home in August.—Four Hindoos are now attending the medical classes of University College, London.—Mr. George Niles died on the 19th ult., at Shaftsbury, Vt., at the age of 105—being the oldest man in that State.—Word comes that the sickness at Bona Vista has subsided, after sweeping off between five and six hundred persons. The Portuguese Government sent physicians—and the British Government also, with medicines.—Smallpox is prevailing in some parts of New Hampshire—and always will in Boston, while so many unvaccinated people visit the city from the State of Maine, and other places.

Married,—John M. Brewster, M.D., of Amherst, Mass., to Miss C. A. Wright.—In New York, Dr. J. Vaughn Smith, U. S. N. to Miss V. A. Parker.—In Oswego, N. Y., Dr. Thos. D. Washburn, of Syracuse, to Miss R. Jocelyn.—At Lyons, N. Y., G. C. Hillman, M.D., to Miss E. J. Sisson.

Report of Deaths in Boston—for the week ending June 13th, 55.—Males, 32, females, 23. Stillborn, 5. Of consumption, 9—measles, 10—smallpox, 1—intemperance, 1—old age, 3—palsy, 2—inflammation of the bowels, 2—dropsy on the brain, 5—typhus fever, 3—accidental, 1—croup, 1—infantile, 2—mortification, 2—dropsy, 2—cholera infantum, 1—disease of the brain, 1—drowned, 2—canker, 1—teething, 2—sudden, 1—inflammation of the lungs, 1—rheumatic fever, 1—lung fever, 1.

Under 5 years, 24—between 5 and 20 years, 7—between 20 and 40 years, 11—between 40 and 60 years, 9—over 60 years, 4.

Prize Essay of the Louisiana Medico-Chirurgical Society.—We are requested to announce to the profession, that at a recent meeting of this Society, it was resolved to offer a gold medal, of the value of one hundred dollars, for the best Essay *on Strictures of the Urethra, with their treatment.* This prize is offered to the competition of the profession in all countries; but the essays must be written in the English or French language. The communications must be accompanied with a letter and corresponding mottoes to the President of the Louisiana Medico-Chirurgical Society, New Orleans, La., and should be received by the 1st day of February, 1847.

The medical press throughout the country is respectfully requested to give publicity to this notice.

Here is the offer of a splendid prize, and we doubt not it will call forth the competition of great talent. The prize will be awarded at the anniversary meeting of the Society, on the first Wednesday of April, 1847. *New Orleans Medical and Surgical Journal.*

A Case of Self-Emasculation. By C. Gliddon Young, M.D., of Greenwood, La.—I was called in the fall of 1837, to see Mr. P., a married man, in respectable circumstances, aged about 35 years, the father of five children, who, in a state of mental despondency, produced by religious excitement and domestic troubles, had emasculated himself. He was an exemplary member and class leader in the Methodist church, and was much in the habit of shouting, which was so disagreeble to his wife that she required him to desist, on pain of forfeiting his connubial rights. Shortly afterwards she discovered that he had deliberately sharpened his knife and maimed himself as above mentioned; taking out first one testicle and then the other, after the manner of castrating pigs. As he was ignorant of the danger of hemorrhage, or the means of guarding against it, he had cut the cord directly across, and both spermatic arteries were bleeding when I got to him. I found him almost exhausted from the loss of blood; he had fainted several times; the scrotum was filled with coagula. I quickly cleared the coagula from one side, and found that the cord had retracted so far within the abdominal ring as to be scarcely within reach; but a tenaculum introduced by the side of my finger enabled me to bring down and secure the bleeding arteries, which I did successively. By a little stimulus he was revived, and his recovery took place without a single untoward symptom.—*Western Med. Jour.*

Belladonna in Strangulated Hernia. By J. Besciani de Borsa, of Verona.—R. Extract of belladonna, ʒii.; axung., ʒii. M. bene. I anoint the tumor at least every half hour. After a while the pain, and then the tension of the sac, diminish, and the possibility of reducing the hernia by taxis occurs. The various other means ususlly employed, as bleeding, baths, cold, tobacco, &c., are not to be neglected; and, although these will not frequently succeed alone, they will do so in many cases when aided by the belladonna.—*Medico-Chirurgical Review.*